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"The Response Hasn't Been a Human-to-Human Response, but a System-to-Human Response": Health Care Perspectives of Police Responses to Persons with Mental Illness in Crisis

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Abstract
Persons with mental illness (PWMI) and other marginalised groups in society are especially receptive to procedurally fair treatment by police, especially given its potential to therapeutically de-escalate a mental health crisis. Yet PWMI often report feeling criminalised and dehumanised during police encounters whilst suffering mental health crises. Since health care workers are often present when police respond to PWMI in crisis, their perceptions regarding how police should (and do) respond to PWMI provides important knowledge for procedural justice scholarship. Through in-depth semi-structured interviews with health care workers, this research applies a procedural justice lens to explore the ways in which police interact with PWMI in crisis. The findings from the study argue that whilst police often interact with PWMI using procedurally just techniques, several challenges and limitations often hinder the procedurally just treatment of PWMI by police. This paper argues that the police need to further solidify formal and informal collaborative working relationships with health care workers to harness just and appropriate responses to PWMI in crisis.

Keywords Policing · Mental illness · Public health · Procedural justice

Introduction

Members of marginalised groups, such as persons with mental illness (PWMI), have been found to be particularly sensitive to procedural fairness during interactions with the police (Watson and Angell 2007). Procedurally just policing describes citizens' perceptions of the treatment they receive during processes involving police decision-making, specifically in relation to perceptions of fair and just police treatment (Wood et al. 2020). However, in Australia and in other Western nations, PWMI suffering a mental health crisis in the community often report feeling stigmatised, dehumanised, and criminalised following interaction with the police (Boscarato et al. 2014; Bradbury et al. 2017; Brennan et al. 2016; Jones and Mason 2002; Riley et al. 2011). Heavy-handed police treatment of PWMI, a lack of awareness and understanding of PWMI, and transporting PWMI to health-based facilities in caged police vehicles are often identified as the causes for exacerbating the crises PWMI often suffer (Morgan 2021). Since Australian police services can spend anywhere between 10 and 30% of their time responding to PWMI (Kruger 2020), inappropriate and procedurally unjust police treatment of PWMI in crisis is especially problematic.

Police responses to PWMI in crisis are complex, especially considering a mental health crisis often includes PWMI suffering feelings of extreme distress, fear, and desperation, which can lead to risk of suicide, self-harm, or (in rare cases) harm to others (Lyons et al. 2009). Yet most police in Australia only receive cursory mental health response training (MHRT) and often have to respond to PWMI in crisis without the assistance of mental health professionals (Clifford 2010; Morgan and Miles-Johnson 2022). These issues are further compounded by the attitudes of police and their frequent unwillingness to accept the welfare facet of the police mandate. Welfare duties are generally not situated within traditional "cop culture", which is epitomised by notions of "maintaining order" and "fighting crime" (Reiner 1992). Officers often complain of workload increases and express resistance and open hostility towards

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policing roles that they claim have become more about social work than law enforcement (Loftus 2010). Therefore, welfare roles—such as professionally and therapeutically managing PWMI in crisis—are often considered unrewarding and feminised in police culture (Garcia 2005).

Although there is a growing body of literature throughout Australia and other Western nations that has evaluated police treatment of PWMI in crises (Boscarato et al. 2014; Bradbury et al. 2017; Clifford 2010; Evangelista et al. 2016; Furness et al. 2016; Morgan 2021; Morgan and Miles-Johnson 2022), the perspectives of health care workers employed in mental health professions have been overlooked in the extant literature. Given health care workers are often present when police interact with PWMI in crisis, the perspectives of health care workers can provide unique third-party bystander accounts of police treatment of PWMI. By examining police treatment of PWMI through a procedural justice lens, this paper draws on in-depth interviews with health care workers who have observed the police interacting with PWMI in crisis.

Background

The introduction of neoliberal forms of governance in Australia and in most wealthy Anglophone democracies during the 1980s and 1990s has resulted in deficiencies in state-funded community mental health services. During this time, governments reshaped the management of mental health policies by transitioning economic policies away from centralised welfare states to policies characterised by economic austerity and welfare retrenchment (Cummins 2020; Gooding 2016). The lack of funding for community-based mental health resources occurred in tandem with the transfer of the treatment of serious mental illnesses from institutional care settings (asylums) into community-based services via a process known as deinstitutionalisation. The deinstitutionalisation of mental health services, across Australia and globally, is argued to have over-burdened the police acting as first-responders to PWMI suffering crises as police attempt to fill the vacuum of mental health services left in the wake of deinstitutionalisation (Carroll 2005; Gooding 2016; Kruger 2020).

Although police are often the sole responders to PWMI in crisis, in recent years, there has been an acceleration of innovative interagency schemes in Australia and globally seeking to address the deficiencies of police MHRT and to provide more coactive, creative, and therapeutic responses for PWMI in crisis. The most common example is crisis intervention teams (CIT) where police receive specialist training from mental health professionals, and police-community partnerships are enhanced (such as police forming localised coalitions with mental health services, advocacy groups, and other relevant mental health stakeholders) (Clifford 2010; Watson and Compton 2019). Other examples include embedding a mental health clinician within a police control room to provide information to police interacting with a PWMI in crisis (Queensland Forensic Mental Health Service 2016) or co-responder models where police and mental health clinicians respond in unison to PWMI in crisis (Evangelista et al. 2016).

Despite the effectiveness of these interagency schemes in enhancing therapeutic responses to PWMI in crisis (Seo et al. 2020), they often face significant resource limitations, compromising their geographical coverage and around the clock availability. Since there is no official mandate nor extra funding to formalise working partnerships across agencies that have disparate organisational philosophies (Fleming and Wood 2006; Fry et al. 2002), the rhetoric of interagency collaboration is often more of "an organised process for abrogating responsibility" than it is a process for providing cross-service care for vulnerable persons who encounter the police (Asquith and Bartkowiak-Théron 2017, p. 149).

Notwithstanding these limitations, the fundamental premise of novel interagency schemes is to encourage community-oriented policing approaches, where police form close and personal relations with the community and other agencies to help solve complex social issues (Fleming and Wood 2006; Rohe et al. 1997). When police and other stakeholders employed in mental health professions successfully combine emergency responses to PWMI in crisis, it arguably enhances procedurally just policing with vulnerable citizens (Evangelista et al. 2016; Mazerolle et al. 2014). As such, effective interagency collaboration between police and mental health professionals has the potential to positively shape the experiences of PWMI during police contact (Clifford 2010; Furness et al. 2016; Morgan and Paterson 2017; Scott and Meehan 2017).

Procedural justice is a theoretical framework that posits that citizens' satisfaction with legal procedures and interventions is dependent on the quality of the treatment received during the procedure rather than the outcome of the procedure (Lind and Tyler 1988; Thibaut and Walker 1975). In a policing context, citizens' perceptions of procedural justice are argued to be influenced by the presence or absence of police emphasising four key principles during interactions with citizens—*trust*, *dignity and respect*, *neutrality*, and *voice* (Goodman-Delahunty 2010). *Trust* is regarding the level of belief that the public has of an officers' concern for the well-being and interests of the community and individual. *Dignity and respect* are regarding the conduct of the police and whether it safeguards the rights and dignity of the citizens by acting "professionally". *Neutrality* is principled police conduct that is enacted without bias and demonstrated through transparency, consistency, and even-handedness in procedure. *Voice* refers to the level of community participation afforded in police decision-making processes and the

value of being listened to by the police (Goodman-Delahunty 2010).

The value of procedural justice policing has withheld extensive empirical scrutiny over the years, especially in terms of it enhancing public perceptions of police legitimacy, satisfaction for police procedures, and cooperation with police (Murphy and Tyler 2017). In the USA, McCluskey (2003) discovered that "irrational" persons (defined in the study as persons who are intoxicated, mentally ill, or strongly influenced by heightened emotions) were more likely to comply with fair and respectful police directives and were more likely to rebel against disrespectful treatment from police officers than "rational" persons. The sizeable body of research from Watson and colleagues in the USA agree that PWMI value procedurally just policing more than the general population, especially since PWMI may be more fearful of being exploited by an authority figure due their perceived tenuous status in society (Watson and Angell 2007, 2013; Watson et al. 2008, 2010; Wood and Watson 2017). These studies argue that PWMI have a better emotional response, feel less coerced, offer less resistance, and cooperate more with police when police engage using procedural justice.

Procedural justice demonstrates how a police officer's demeanour matters in determining fair process when engaging with PWMI. Given inappropriate and forceful police responses to PWMI in crisis sometimes result in volatile situations which can to lead to civilian injuries and fatalities (de Tribolet-Hardy et al. 2015; Ruiz and Miller 2004), procedural justice policing offers an important therapeutic framework for improving the safety of PWMI and police when encountering one another. Drawing upon in-depth interviews conducted with Australian health care workers who have observed the police managing PWMI in crisis, this research applies procedural justice as a lens to analyse and understand police treatment of PWMI in crisis and whether PWMI are fairly treated when encountering the police.

Methods

In-depth semi-structured interviews were conducted with nine health care workers in South East Queensland, Australia. The sample comprised of six support workers, two paramedics, and one mental health nurse. Aside from one male support worker, all the samples were female. Participants were targeted for recruitment due to having professional experience of dealing with PWMI in crisis and having routinely observed the police interacting with individuals suffering mental health crises. Each interview item was designed to elicit data that assessed third-party accounts regarding whether police applied procedurally just policing techniques when interacting with PWMI. As such, questions included in the in-depth interviews included prompts that elicited responses concerning.

- Whether the police treat PWMI with *dignity and respect* during observation
- Whether ambulances or police cars typically transport PWMI in crisis (*dignity and respect*)
- Whether the police generally attempt to build *trust* with PWMI
- Whether police interact with health professionals when attempting to de-escalate PWMI in crisis (to understand police *trustworthy* motives through interagency collaboration)
- Police transparency and consistency when interacting with PWMI (*neutrality*)
- Police communication and listening skills when interacting with PWM (*voice*)
- Types of police behaviour that have led to more compliant and satisfied outcomes for PWMI (to test the theoretical outcomes of procedural justice in police interactions with PWMI)

Given the interviews elicited an abundance of recurring themes and ceased to uncover novel concepts, it was deemed that data saturation had been reached after nine interviews and that further data collection was unnecessary. Interviews took place between February 2019 and November 2019, and interview duration ranged from 25 to 60 min. At the voluntary consent of the participant, interviews were audio-recorded, transcribed, and inputted into NVivo 11 (QSR International Pty Ltd 2015) to facilitate analysis.

A "modified grounded theory approach" was used as a systematic method to analyse the data (Kinoshita 2003) and to determine the presence of elements of procedural justice within each of the interviewee responses. Using NVivo, an analysis worksheet was used to identify apparent themes from within the text. Modified grounded theory approach uses a two-stage coding process whereby an *open coding* method forms key concepts from the data and a *selective coding* method categorises key themes (Kinoshita 2003). As such, hypotheses were drawn from the data to present for further testing (Oktay 2012). Three core themes emerged from the data analysis: (1) possibilities for procedural justice in police interactions with the public, (2) police limiting the use of procedural justice in interactions with PWMI, and (3) challenges to police use of procedural justice in interactions with PWMI. Ethics approval was obtained from the Queensland University of Technology (QUT) University Human Research Ethics Committee. Informed consent was obtained from all individual participants included in the study.

Results

Possibilities for Procedural Justice in Police Interactions with PWMI

Most participants described how the police often attempt to communicate with and de-escalate PWMI in a procedurally just manner. When asked what type of police response they believed (and had observed) to be the most effective for peacefully de-escalating a PWMI in crisis, all the participants implicitly discussed notions of procedural justice.

> It is being on that person's level, it is not using force and language, it's sometimes around having a soft and gentle touch, it might be just resting a compassionate hand on their knee or their shoulder, sometimes that physical touch can just ground someone. It is being clear in communication, it's active listening. Anything that just comes I guess quite simple to some, and it's when they haven't met aggression with aggression (Support worker 1).

As predicted and consistent with the extant literature, all participants stated that when health care workers and the police use procedurally just tactics, the crisis is more likely to be resolved peacefully, even when the outcome may be undesirable, such as if the PWMI is taken to hospital for treatment.

Most participants described implicit and explicit elements of procedural justice that police emphasised when responding to PWMI, such as responding in a professional manner and safeguarding the *dignity* and *respect* of the PWMI.

> …I've definitely witnessed the police acting really appropriately and definitely with some respect, and giving people time and space… I've seen the police respond I guess really with some humanity and compassion…giving the people time and space to de-escalate themselves and the police are supporting with that (Support worker 5).

One participant described an incident where a PWMI was suffering a psychotic episode and was behaving erratically by running in front of oncoming traffic and jumping on to the bonnets of slow-moving vehicles. In this example, the participant described how the responding officer de-escalated the crisis in a *dignified* and *respectful* manner by holding the hand of the PWMI and speaking in a respectful way.

> The man was experiencing psychosis and hearing voices and was teetering dangerously back and forth across the top of the car… He [the police officer] recognised the distress and fear the man was in and held his hand – not as a restraint – but to help ground him and stop him from falling. He could have easily physically removed him by exercising force, but he didn't. He talked to him very respectfully and carefully. They [the police] used lots of very gentle empathic language like: 'we don't want you to hurt yourself – we want you to be okay. Obviously, something is going on for you. Why don't you come down and we can talk to you?' (Support worker 6).

Several participants spoke about how they had witnessed some police officers using elements of *neutrality* when responding to PWMI, such as being transparent, consistent, and even-handed in their procedures (Goodman-Delahunty 2010; Tyler 2007). Paramedics 1 and 2 described that police generally explain the procedure to PWMI when detaining them under mental health legislation and that they had witnessed police officers providing consistent, principled police conduct in procedures involving PWMI.

> They are pretty good with that. They explain the form, it means they have to be at hospital, because most people are like 'oh I have the right to', but in this situation we have to take you to hospital (Paramedic 1).

Although all participants agreed that the police were not as effective as health care workers in demonstrating *trustworthy* motives to PWMI, several participants stated that the police often attempt to build *trust* with PWMI in order to therapeutically and effectively de-escalate PWMI in crisis. These participants described police displaying a sincere and caregiving attitude during interactions with PWMI. One participant described how the police often demonstrate *trust* by building rapport.

> …they normally just go there, want to make sure that we're going to be safe when we rock up, and I think if they are there for an extended period of time, they'll usually chat to the patient and kind of work out what's going on to give the information to us; and they are pretty good once they do that, like they are really good at negotiating and building rapport if they want to… (Paramedic 1).

One participant described a specific mental health incident where a PWMI was suffering a drug-induced mental health crisis in their home and the responding police demonstrated *trustworthy* motives by being patient and displaying a sincerely helpful, caring attitude.

> So obviously someone called the police, I didn't but just thought that they handled it in a very sensitive way. They really just didn't take either of them away, they just continually asked how they were going, they suggested that perhaps they both needed to go to hospital, which is eventually what they did, but they took a lot of time in doing that, so it was probably a couple of hours (Support worker 3).

Several participants discussed that police often displayed *trustworthy* motives to PWMI by collaborating with health care workers to appropriately de-escalate a PWMI in crisis. This supports the idea that interagency collaboration enhances the *trustworthy* motives of the police since it demonstrates their willingness to work with and utilise the specialties of other agencies (Mazerolle et al. 2014).

> …they are pretty good to contact either the family or carers. [The police] are pretty good at that, like if there's no carer on the scene…they'll contact a carer (Paramedic 1).

Some participants suggested that if the police involved relevant health care workers when interacting with PWMI, the health care worker could utilise effective communication tactics to aid in the therapeutic de-escalation of the PWMI. The participants also stated that PWMI in crisis were likely to peacefully de-escalate when police are non-intrusive, allowing the health care worker to lead the situation in communicating with and de-escalating PWMI in a procedurally just manner. One participant discussed an incident where police and support workers attended the house of a highly agitated PWMI who had been reported to be in crisis.

> [it] was pleasing for me that the police were covert in the background rather than potentially triggering him even further… having the police background, covert, protective, non-intrusive, I thought was very good… (Support worker 4).

The same participant described a different incident where police were interacting with a PWMI who suffers with a personality disorder and was refusing to leave the premises of a financial bank. In their confused state, the PWMI had mistakenly thought that they had more money in their account. The participant said that police specifically contacted the support worker of the PWMI to help them peacefully de-escalate the situation.

> Luckily, I was in the office and was able to respond and got her out of there. So that's a situation where key stakeholders know each other and there's networks of supports so that when there are mental health crises, different players can come and do their role in supporting and maintaining a person's inclusion in the community. She didn't want to get arrested, and so we went on down the street to get a coffee and the police just left them…you don't have to go down the punitive line, you don't have to go down the criminal justice line if you can find a relational option to get people out of tricky situations (Support worker 4).

This finding supports research that suggests that when police mobilise community resources such as mental health support workers, interagency collaboration provides networks of therapeutic support for PWMI in local communities and engages wider community responses to PWMI (Paterson and Best 2016). Working relationships between police and community mental health services are particularly important, especially when police collaborate with private organisations such as non-governmental organisations since they can be an effective method of addressing the deficit in state mental health resources (Paterson and Best 2016).

Several participants stated that police and paramedics often collaborate by responding in unison to PWMI experiencing crisis, and if the PWMI was non-violent, the ambulance would transport the PWMI to hospitals, clinics, or other relevant service providers for further treatment.

> … [police] will wait on scene until an ambulance arrives and takes them to hospital, which obviously is the appropriate thing to do (Paramedic 1).

Participants suggested that effectively combining (and utilising) the medical skills of the paramedics is likely to provide a more procedurally just response to PWMI in crisis. This joint response demonstrates *trustworthy* motives to PWMI by the police and recognises the crisis as a health issue rather than a criminal issue, thus safeguarding *dignity and respect*.

Several participants described that police often engage the *voice* of PWMI by effectively demonstrating listening skills. They talked about police asking open-ended questions about the PWMI situation and involving the PWMI in police decision-making around their preferred outcome to the situation, such as medical treatment or further police response.

> They [police] always try, they always be like what would you like to happen today? They ask a general question, what did you want to happen or what did you expect to happen? And then give them a chance to explain themselves… (Paramedic 1).

The same participant described an incident where a PWMI was attempting suicide and the responding officer de-escalated the crisis by patiently engaging the *voice* of the individual experiencing the crisis and by building *trust*.

> I had a job a couple of weeks ago where this girl went down the train tracks because she wanted to get hit by a train. Essentially, she was really, really hard to cooperate with, and there was one copper that was really good with her. He just sat down with her, talked to her about whatever she wanted to talk about, and she was like compromised. So, like some of them are really good at it… (Paramedic 1).

This quote suggests that when the police patiently empower a PWMI in crisis with a *voice*, the individual may be more likely to express their viewpoint and may feel valued by the police in this situation.

However, several participants stated that their presence may influence a police officers' behaviour. Many participants described how their clients often express disapproving attitudes towards the police, particularly in relation to police treatment when support workers are not present.

> I just wonder if there is a difference in interactions sometimes when someone else is there than if when the police rock up to the client on their own. What my clients have told me is that sometimes the experiences haven't been good with the police and that they have felt quite judged, and it's been quite punitive, and they have their property searched without their consent and things like that… (Support worker 4).

Officers may treat PWMI more fairly, knowing that their behaviour is being held to account by a mental health professional. Research indicates that police behaviour is more accountable when observed and recorded by others and that police may behave more professionally when they manage community incidents under close supervision from other members of the community (Scheindlin and Manning 2015). This finding further highlights the importance of interagency collaboration between police and health professionals and the benefits of collaborative interaction and engagement. Whilst interagency collaboration facilitates mental health professionals to initiate therapeutic de-escalation tactics with PWMI in crisis, it may also instigate accountability mechanisms for all actors involved in the process. Yet this finding also highlights the need for further research that encompasses the first-hand perspectives of PWMI, especially since some participants doubt the appropriateness of police-only responses to PWMI in crisis "behind closed doors".

Police Limiting the Use of Procedural Justice in Interactions with PWMI

Despite the benefits of procedurally just policing, this research also finds that police can be limited in their willingness to apply procedurally just policing techniques to PWMI in certain situations and contexts. Several participants described how the police often become disgruntled and act less professionally when they are called out on multiple occasions to respond to the same PWMI in crisis.

> I think where it can be tricky is when the police are called out multiple times to the same person, and then I think they start to treat that person a bit differently because they start to feel like it's a waste of their time, and that's what they've said to people, 'you're wasting our time'… I've also seen where they have been annoyed about having to come out again to the same person and have actually said that they will fine them if they keep getting called out (Support worker 5).

Two support workers employed in a homelessness organisation spoke about the effects of repeat and regular callouts for police to manage mental health crises where they work. Despite the reluctance of these support workers to involve the police in managing their clients' mental health crises, they both described how they must call the police to help de-escalate a PWMI in crisis daily. Yet they described how the police seem frustrated at having to respond to the same clients on a regular basis.

> It's that 'not again attitude', or 'we've already been up three times today for this'. It's the 'we can't do anything more; we've given them a move on order. Call us back if they come back'… If you're not going to care about people with mental illness, and then not care about the people who are supporting them, then who are you caring about? (Support worker 1).

For police to demonstrate *trustworthy* motives to citizens, police practices must be sincerely driven by helpful, caregiving attitudes (Tyler 2007). Given that mental health crises will often be episodic and recurring and will inevitably require repeat calls for police assistance, PWMI who routinely require police assistance may be treated by police in a procedurally unjust manner and may therefore hold negative perceptions of police trustworthiness.

Some participants spoke about other situations that frustrate police, such as responding to PWMI who are intoxicated or drug affected. These participants indicated that police were less likely to be professional and to use procedurally just policing techniques in these situations.

> …if it was like substance induced, if that was ever mentioned, it was like 'oh well, it's just alcohol or drugs'. It's not just alcohol or drugs, it's making their mental illness way worse. They were already not well, they are probably self-medicating with that, and now they are really bad and now we don't know where they are. Like, do you want to do something about this? If there's drugs or alcohol involved, there's definitely a massive bias there (Support worker 2).

This quote suggests that some police officers have less patience and empathy for intoxicated PWMI, especially when the intoxicated individual is verbally and/or physically abusive towards responding officers. Although there is minimal extant research that has examined police attitudes towards engagement with intoxicated PWMI, some research suggests that police encounters with intoxicated PWMI heighten police frustration due to the difficulties in judging whether the behaviour is disorderly or disordered (Cummins 2007; NSW Ombudsman 2014; Teplin 2000). Police may have less patience and empathy for drug- and/or alcohol-affected PWMI due to the increased likelihood of violent interactions between the police and intoxicated

PWMI and the increased risk of intoxicated PWMI engaging in violent crime (Kaminski et al. 2004; Senate Select Committee on Mental Health 2006).

Despite these challenges, PWMI suffering comorbid drug and/or alcohol problems are not a homogenous group. There is often significant diversity in the severity of their comorbid illnesses and presentation of behaviours when encountering the police (Senate Select Committee on Mental Health 2006). Therefore, police frustrations at responding to intoxicated PWMI are problematic, especially since individuals suffering substance use disorders and other mental illnesses often have frequent contact with the police (Forsythe and Gaffney 2012). If police harbour negative attitudes and frustrations towards responding to intoxicated PWMI, it may also have a diminishing effect on the way police display willingness, sincerity, and *trustworthy* motives when interacting with these PWMI.

Several participants expressed similar perceptions of police being visibly frustrated and having less patience and empathy for PWMI suffering severe psychosis or drug-induced psychosis, especially when the individual is unresponsive and uncooperative with police.

> …you try and explain [to the police] this person doesn't understand what's going on, no matter how many times you say sit down, they're not going to sit down. They don't understand what you are saying, they think they are on the moon (Paramedic 1).
> …she was doing property damage, and he [the police officer] was trying to communicate with her, and she wasn't, she was in psychosis, there's no way she was going to respond to direction, whereas I guess diversion or conversation would have been how we would have gone about it. 'Hey, how about you move away, let's do something else'. He's like [shouting] 'stop that, don't do that, you need to come here, and we'll arrest you!' (Support worker 1).

Whilst some participants empathised with these police frustrations and described how verbal de-escalation tactics are often ineffective when attempting to de-escalate PWMI suffering serious psychoses, they also spoke about the fact that de-escalating PWMI suffering psychoses requires extra time and additional levels of patience, which many officers are often unwilling or unable to provide. Communicating with individuals suffering from psychosis is particularly challenging, especially since there is a lack of consensus amongst mental health clinicians regarding appropriate communication tactics for interacting with individuals whose behaviour and language are often erratic and not grounded in reality (McCabe and Priebe 2008). Despite these difficulties, police may behave in a procedurally unjust manner towards PWMI suffering psychoses if police are frustrated and hold negative attitudes towards such persons.

Similarly, some participants reported police being visibly frustrated and having less patience and empathy for PWMI in crisis who are also experiencing homelessness. This finding was particularly supported by the two support workers (support worker 1 and 2) employed in the same organisation that provides boarding accommodation for homeless people. One support worker stated that police held stigmatising attitudes towards homeless PWMI, which were reflected in the derogatory manner many police officers use to respond to PWMI suffering crisis in the boarding accommodation.

> They [police] come in with preconceived judgements. Just based on knowing about the service or having attended the service before…I think in saying that it's as a homelessness service and whether they are coming into with that idea, I would say everyone in homelessness has mental illness, so I would say it is actually a mental health service that provides accommodation for people experiencing homelessness (Support worker 1).

These two support workers described that they typically observe the police responding to the PWMI in a criminalising and unprofessional manner.

> …so I would get like a standard police response with physical force, direct speak, offering direction and telling that person what to do, or you get an absolute deer in the headlights… they don't know what to do (Support worker 1).
> …it's over quicker than I would like, and it's more containing their behaviour rather than any kind of understanding of why they are doing what they are doing… when they are talking to the person, I just feel like it's more like a 'shut up and be quiet' kind of interaction, rather than like a 'what's going on?' conversation (Support worker 2).

The two support workers also described how many police officers often make little attempt at using non-aggressive communication and therapeutic de-escalation tactics when interacting with PWMI within their organisation and often treated PWMI experiencing homelessness with contempt.

> …I think on a case by case [basis] more often than not, it's really rough handling, when from our angle, there's no risk to the police officers themselves...it's around that initial verbal response; doesn't need to be directive, it doesn't need to be authoritarian, it can be, it works better when it's compassionate, but what we're often seeing is that it's quite directive… (Support worker 1).
> …dignity and respect, I don't really think they are taken into account. I think it's more like control, yeah maybe control and a very obvious power imbalance…

> one guy was having a psychotic break, I'm not sure but he was yelling and screaming, and they would just literally grab him, physically touch him, and I still don't understand how that was going to calm him down… their [the PWMI] respect and dignity is basically taken away, because their choice in the matter is completely gone before you've even had a conversation with them (Support worker 2).

Despite many participants saying that the presence of a health care worker often has a positive effect on police interactions with PWMI in crisis, these two participants described how the police often disregard or ignore them and do not collaborate with the mental health staff at the homelessness organisation.

> …when we try to explain to the police, a way that they could potentially approach it, they kind of don't want a bar of it…one of the processes that we've informally put in place is meeting police outside the building so that we have the 30 secs, 10, 15 seconds we have to walk up the path to tell them our version of the story and link them in. Other than that, it is not often we are invited into that space, it is not often that they draw on our resources of knowing that person, knowing their behaviours, their triggers, knowing that if you restrain them, they are going to lash out… it could save their lives. It could save them getting punched (Support worker 1).

Due to police disregarding their assistance and expertise, these support workers are reluctant to involve the police in mental health incidents, because often the police response exacerbates the crisis.

> …I never want it to get to the point where mental health clinicians have to have protective gear or have to be willing to risk their lives to help someone who's psychotic. That should never be part of our job description. But I am afraid that if police officers keep escalating situations, mental health clinicians knowing that will take a bit more risk than they need to… (Support worker 2).

This finding supports previous research which finds that if police hastily attempt to force compliance in mental health incidents and do not apply procedurally just policing techniques in interactions with PWMI, it has the potential to escalate a PWMI crisis and may lead to violence (McCluskey 2003; Watson and Angell 2007; Watson et al. 2008).

Since homelessness may add an extra dimension of vulnerability and marginalisation to the identity of a PWMI, police responses to homeless PWMI living in temporary boarding accommodation (tertiary homeless) may be less procedurally just and more hostile than police responses to PWMI living in stable accommodation. This is problematic given that research suggests that up to 80% of homeless persons in Queensland, Australia, have some form of mental illness and experience significant harassment, intimidation, and arrest by the police (Taylor and Walsh 2006; Walsh 2003). However, given only two participants workers who worked for the same homelessness agency were interviewed in this regard, their hostile perceptions of the police may be due to other unique (and unexplored) factors regarding that site and their relevant local police district.

Challenges to Police Use of Procedural Justice in Interactions with PWMI

Finally, it is important to recognise that even when police attempt to use procedurally just policing techniques when interacting with PWMI in crisis, there remain structural challenges by virtue of the police profession and organisation. Normative perceptions of police work potentially "others" the social work aspect of the police role. Garcia (2005) argues that police predominantly identify crimefighting roles as normative police practice and social work roles as other. Several health care workers supported this idea whilst sharing their perceptions that police are often dismissive of the social work role that they are required to play when responding to PWMI.

> …they walk in, 'why are we even here? You're wasting our time'. That kind of attitude. It's I guess how they hold themselves with a bit of a swagger. They're like, 'oh, we could be out fighting real crime'… the response hasn't been a human-to-human response, but a system-to-human response (Support worker 1).
>
> …there's that aspect that they want to do cooler things, and then the aspect of they don't really know how to have that conversation. It's not a comfortable conversation if you're talking to someone who wants to end their life, and you've got to ask them 'why, what were you going to do?' (Paramedic 1).

These findings are important to consider because they further demonstrate the influential effect police culture can have on police attitudes and policing behaviours, particularly in relation to the traditional role of the police, and how police define themselves and their responsibilities. Previous research supports this idea since police and recruits often adhere to traditional aspects of "cop culture" by acknowledging (and favouring) the more rewarding aspects of the crimefighting police role and are often more dismissive in their attitudes towards the less rewarding "welfare"-type roles police are required to play, such as responding to PWMI in crisis on a regular basis (Morgan and Miles-Johnson 2022).

The police uniform, and its cultural association with force and criminal investigation, was also described by

the participants as a structural challenge to effective police communication when police engage with PWMI, and how it may lessen the likelihood of police de-escalating PWMI in a procedurally just manner. Many of the support workers described how the sight of uniformed police often provokes an adverse emotional response in some of their clients' behaviour since the uniform (and what it negatively represents in terms of police power) hinders the PWMI in their ability to reciprocate with police interactions and procedures.

One support worker reinforced these findings by sharing their experience of attendance at a local community event where a uniformed police officer gave a talk to an audience of PWMI. The event was organised by a mental health organisation and its purpose was for the police to demonstrate *trustworthy* motives to PWMI in the community by providing assurances that the police are sincere in their willingness to appropriately care for the PWMI they encounter.

> [the officer] showed up probably thinking I'm kind of the happy policeman showing up in my uniform, but it backfired because people saw this police officer and knew what to do. It was actually a workshop day that had a negative effect on PWMI. I guess he was in uniform so people could identify him and come up and talk to him, but then what became clear was that it backfired and there were many people who would have come up and talked to him but they were quite concerned about his uniform… so the next time he came in plain clothes…I don't think the uniform helps. I think that probably is a big thing, I don't think uniforms in general help… they see someone who is taking their freedom away, you know there's a really strong response from those people I think when they see people in uniform… (Support worker 3).

This finding suggests that regardless of the intention of the officer wearing the uniform, it is the uniform itself which may be a symbolic representation of police treatment to PWMI, and this perception may be based on past, future, or a vicarious experience of police interaction with PWMI. According to Tinsley et al. (2003, p. 45), the police uniform provides a mental cue to identify "a person's authority, capability, and status". When police officers wear the uniform, the public perceive that they represent the stereotypical characteristics of the police profession. The police uniform serves as a visual emblem of the organisation that potentially influences how the officer wearing the uniform acts and how citizens perceive and act towards the uniformed officer (Blumer 1986). The uniform and its association with coercive force, therefore, act as a trigger in police-PWMI interactions. For example, one participant stated:

> …police naturally by their history and by their relationship with people will trigger unsafety. And so, police have got a hard role in mental health because just their presence, let alone how they act, will for many trigger a sense of unsafety and fear, and that's the exact opposite to what you need. We know from trauma informed care that the first thing people need is safety, that you'll get nowhere in building alliance with the person if you don't have safety (Support worker 4).

These findings are significant because all the participants shared this perception. The uniform itself may therefore create a psychological barrier which may further heighten difficulties in effective communication and perceptions of *trustworthiness* between police and PWMI.

Despite these difficulties, most of the interviewees stated that the more senior police officers were most likely to be competent when managing a mental health crisis by being patient, displaying empathy towards PWMI, and building trust and rapport with PWMI.

> …the people who are very good with mental health are the older officers who have been around a very long time, who know how to de-escalate quite well… it's the older officers who seem to be a bit more compassionate, maybe because they feel a bit more equipped because their training isn't as comprehensive as ours… they'll ask more along the line of treatment plans, they'll be a deeper line of questioning to do with the history…also in the way they stand in relation to the patient, in relation to where they sit, their body language, and how they treat the patient, it's a little bit more relaxed I think (Paramedic 2).

In contrast, several participants stated that the "rookie" officers or less experienced police officers (such as recent graduates from the police academy) were less likely to be competent in their abilities to build trust and rapport with PWMI or display empathy towards PWMI in crisis.

> …you see it a lot more with I guess the rookies. That they want to be out fighting crime and not dealing with mental illness (Support worker 1).
> I'd say more so the newer police officers are less concerned. So, I think it's the older more experienced officers, kind of have a bit more empathy, a bit more understanding of what's going on (Paramedic 1).

This finding suggests that experienced officers—who may have had more experience of experimenting with and refining communication tactics with PWMI—are more effective in their ability to utilise procedurally just tactics to therapeutically de-escalate a mental health crisis than less experienced officers. This finding also indicates that constables who are at the onset of their policing careers (many of

whom will have recently graduated from the academy) are not adequately prepared for managing mental health crises effectively, thus questioning the effectiveness of police academy MHRT.

Most participants believed that despite police often being professional and competent when interacting with PWMI, police lack training, have a poor understanding of mental health, and are not the best service to primarily attend to mental health crises unless the PWMI is physically violent.

> I could be wrong, I don't think they are trained in it, and if they are, they are definitely not acting like it. Because even just in general they must come into contact with mental health clients all the time (Support worker 2).
>
> I asked one of the policewomen what training they received, and she said they don't get any ongoing support and training. It's only what she had learned in the academy. This means for some they would not have updated their knowledge for 20-30 years (Support worker 6).

Several participants described who they thought would be the best service to respond to PWMI instead of police and described ideal models of support such as community psychologists and councillors who already have a relationship with the PWMI, who are available to respond around the clock whenever a PWMI had a crisis. Many participants also spoke about co-responder models, where police, ambulance, and a mental health clinician are available to respond in unison to PWMI in crises.

> …we don't just need police in those situations, we need other people who can come around, who are already in a safe relationship with people, or who can create a sense of safety and then negotiate with the person, because when a person feels safe, they are more free and fluid to negotiate or consider other options, and not be in such a high stress mode (Support worker 4).

Although all the participants collectively agreed that the police are not the best service to attend to PWMI, they all conceded that the police are usually the only available service to attend to a PWMI in crisis due to a lack of community-based mental health resources.

> …wouldn't it be amazing if, and it's never going to be this way, but you know the psychologist or councillor is always going to be available for the person. It just doesn't work that way because there's not enough resources… (Paramedic 2).
>
> …it got to the point for non-consent referrals to the mental health team, they couldn't accept them, they wouldn't respond. So, we would have no choice to then call an ambulance who would also then not respond. It's like no one wants to take the responsibility, and to a certain point the police have been dumped with it… (Support worker 1).

This finding corresponds with the extant literature whereby the police have been compelled to act as de facto mental health first responders to PWMI in crisis due to government retrenchments in mental health welfare expenditure (Gooding 2016; Morgan 2021; Morgan and Paterson 2017). Although several participants expressed some positive perceptions of the police utilising procedurally just policing techniques when responding to PWMI, deficiencies in community-based mental health resources may create a working environment whereby criminalisation of PWMI occurs because procedurally unjust responses to PWMI are implemented. Whilst many of the participants recognised this issue and spoke about the fact that police officers have a security role to play when responding to many mental health related incidents, they also empathised with police frustrations regarding their lack of ability to respond appropriately to PWMI in crisis. They also supported the idea that police should not be the only primary responders to PWMI in crisis.

Discussion

The findings indicate that police are capable of utilising procedurally just police responses to PWMI in crisis and that most participants described that the police often attempted to communicate with and de-escalate PWMI in a procedurally just manner. When observing the police utilising communication skills associated with the procedural justice framework—*trust*, *dignity and respect*, *neutrality*, *voice*—the participants believed mental health crises were (and should be) de-escalated more peacefully and cooperatively, with the benefits of procedural justice being clear to both PWMI and police.

However, there are certain challenges and limitations that often prevent the police engaging with PWMI using procedurally just policing techniques. Frustrations regarding police interacting with PWMI who have intersectional vulnerabilities—such as intoxicated PWMI, PWMI suffering psychoses, and PWMI experiencing homelessness—are especially problematic given these types of PWMI are over-policed by virtue of their intersectional vulnerabilities (Forsythe and Gaffney 2012; Taylor and Walsh 2006; Walsh 2003). Mental health crises will often be episodic, recurring, and will likely involve PWMI who are intoxicated, suffering psychoses, and/or experiencing homelessness. When police attempt to force compliance in these types of mental health incidents, it often escalates the mental health crisis and may lead to the unnecessary arrest and incarceration of PWMI

or the inappropriate use of police force that may physically injure or kill PWMI in crisis. Perceptions of a lack of procedural justice during police encounters with PWMI may also have ramifications for future crises where PWMI might be reluctant to call for assistance when experiencing early symptoms (Bradbury et al. 2017). Certainly, the trauma of receiving differential police treatment can leave long-lasting psychological scars that many vulnerable people will never recover from (Asquith and Bartkowiak-Théron 2017).

The frustrations police have at responding to some PWMI in crisis may also be indicative of structural challenges associated with the police organisation, such as the cultural role of the police and its emblematic uniform. Several participants perceived that the police often have dismissive attitudes towards the social work role they are required to conduct when responding to PWMI, which was displayed by police having a lack of conviction and sincerity when responding to PWMI in crisis; thus, hindering police displays of *trustworthiness*. The cultural role the police uniform plays, in terms of the status the uniform awards police officers (as well as its association with coercion and law enforcement), provides further challenges for police and PWMI. Evidently, the police uniform and its accruements (Taser, baton, mace, handcuffs, gun) practically and symbolically align more with crimefighting and public order roles than it does with health care roles; these associations do not signify peaceful communication and de-escalation intentions.

Most participants perceived that the experienced officers are the most likely officers to overcome these cultural and structural hindrances and were more likely to practice effective procedurally just policing techniques when interacting with PWMI. Yet the less experienced officers are often incompetent and unconfident in their ability to therapeutically de-escalate PWMI in crises. This may suggest that academy MHRT is cursory and inadequate in preparing police recruits for the realities and complexities of communicating with and de-escalating PWMI in a procedurally just manner. Almost all the participants empathised with police frustrations and challenges associated with responding to PWMI. They all recognised that the police as an institution are an organisation that is ill-equipped and ill-prepared to be the primary responders to PWMI and that police organisations have been compelled to fulfil the role of first responder in a crisis situation involving a PWMI against deficient community-based mental health resources.

Whilst participants identified the need for greater procedurally just police responses to PWMI in crisis, they also aligned their responses with a trauma-informed approach to care. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) in the USA conceptualise a trauma-informed approach as an organisation that has a basic realisation that trauma plays a fundamental role in mental and substance use disorders within the criminal justice system and not just within health care settings. SAMHSA (2014) argue that organisations (such as the police) need to understand that the presenting behaviour of those with mental illness is coping mechanisms designed to withstand emotional and psychological adversity. As such, a trauma-informed approach should seek to realise the pervasive impact of trauma, recognise its signs and symptoms, and provide an informed response that actively seeks to mitigate re-traumatisation (SAMHSA, 2014). All the participants recognised that this approach would be the most beneficial for police to take when interacting with PWMI in crisis.

These findings speak to the need for police to form more informal and formal partnerships with local mental health organisations and other health care workers so that community ties between police and PWMI can be strengthened, thus providing wider community responses to PWMI in crisis. The police cannot be considered a viable replacement for an inadequate mental health system, nor can they be expected to make professional medical diagnoses of PWMI and always "be nice" to such persons given the authoritarian nature of their role. This research certainly identifies the need for police to receive enhanced MHRT that is underpinned by procedural justice principles to improve police responses to PWMI in crisis, yet this should not occur in a vacuum given the multitude of other agencies that are more suitably aligned to interact with PWMI. Most of the participants described how interagency collaboration between police and other health care workers enhanced police *trustworthy* motives by demonstrating police willingness to draw upon the skills of other mental health professionals in sincerely helping and caring for PWMI.

Paterson and Best (2016) characterise such professional-community coalitions as "therapeutic landscapes" whereby officers identify and mobilise local assets to harness procedurally just responses to PWMI in crisis. This concept bypasses costly and inefficient formal partnerships between professional agencies and provides a timely cost-neutral approach where police can readily access community support networks to address complex social issues involving PWMI (Paterson and Best 2016). If police are encouraged to collaborate with other mental health stakeholders in policy and training, it has the potential to develop community-oriented police officers who act as street-level experts in identifying and mobilising available state and community agencies when managing PWMI in crisis (Morgan and Paterson 2017). Since several participants described that they have heard their clients sharing negative experiences of police treatment when interacting with police officers in the absence of a health care worker, the importance of interagency collaboration is further understood in proactively, preemptively, and collaboratively addressing community mental illnesses around the clock.

Recommendations for Future Research

Future research in this area would benefit by including the first-hand perspectives of PWMI alongside other mental health stakeholder perspectives to gain a more holistic understanding of this phenomenon. This research has also identified the need for more specific research regarding police communication with PWMI who are intoxicated and/or suffering psychosis to better understand the nuances and complexities of such interactions.

Limitations

Due to the different organisations where the participants worked, it is acknowledged that context may have influenced the findings amongst the participants when providing their perceptions of police interaction with PWMI. However, the participants were not asked to speak on behalf of the specific organisation(s) at which they were employed in past or present but were asked to speak more generally of their experiences and observations of instances where police provided an emergency response to PWMI in crisis. Further, coding was not conducted collaboratively. It is recognised that collaborative coding would have been beneficial to include interrater reliability in the methods.

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Declarations

Ethical Approval This research was approved by the Queensland University of Technology (QUT) University Human Research Ethics Committee (approval number 1900000018). Informed consent was obtained from all individual participants in the study.

Competing Interest The author declares no competing interests.

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